

## APPLICATION DATA SHEET

### Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:: No

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title:: Estrogen Induced Neural Stem Cell Increase

Attorney Docket Number:: 032901-039

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Samuel  
Middle Name::  
Family Name:: Weiss  
Name Suffix::  
City of Residence:: Calgary  
State or Province of Residence:: Alberta  
Country of Residence:: Canada  
Street of Mailing Address:: 4540 Chapel Road, N.W.  
City of Mailing Address:: Calgary  
State or Province of Mailing Address:: Alberta  
Country of Mailing Address:: Canada  
Postal or Zip Code of Mailing Address:: T2L 1A6

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Tetsuro  
Middle Name::  
Family Name:: Shingo  
Name Suffix::  
City of Residence:: Calgary  
State or Province of Residence:: Alberta  
Country of Residence:: Canada  
Street of Mailing Address:: D-13 4591 37th Street

City of Mailing Address:: Calgary  
State or Province of Mailing Address:: Alberta  
Country of Mailing Address:: Canada  
Postal or Zip Code of Mailing  
Address:: T2L 2J5

### **Correspondence Information**

Correspondence Customer Number:: 21839  
Phone Number:: (650) 622-2300  
Fax Number: (650) 622-2499

### **Representative Information**

Representative Customer Number:: 21839

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
	Non-Provisional of	60/272,941	3/2/01

### **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

### **Assignee Information**

Assignee Name:: Neurostasis, Inc.  
Street of Mailing Address:: 240, 1167 KENSINGTON CRESCENT N.W.,  
City of Mailing Address:: CALGARY  
State or Province of Mailing Address:: ALBERTA  
Country of Mailing Address:: CANADA  
Postal or Zip Code of Mailing Address:: T2N 1X7

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65  
66  
67  
68  
69  
70  
71  
72  
73  
74  
75  
76  
77  
78  
79  
80  
81  
82  
83  
84  
85  
86  
87  
88  
89  
90  
91  
92  
93  
94  
95  
96  
97  
98  
99  
100